

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

SITE NAME:

Cottonwood Hills RDF

Section 1 - GCCS Components and Comments

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Knockout Pot Sensor Failure. Sensor Replaced.</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	<u>1.8.15/1346</u>		<u>1.4</u>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		<u>1.8.15/1508</u>	<u>0.1</u>		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <u>If conditions are unsafe, notify your supervisor and follow steps under No. 3</u>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <u>If landfill gas is being released, follow steps under No. 3</u>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <u>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</u>		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <u>If other personnel or resources are not needed, go to No. 6</u>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <u>If other resources are not needed, go to No. 9</u>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: [Signature]

WM01803

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

SITE NAME: Cottonwood Hills RDF

Section 1 - GCCS Components and Comments

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>out of Nitrogen.</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	<u>1.8.15 / 2324</u>		<u>12.4</u>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		<u>1.9.15 / 1148</u>	<u>0.1</u>		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
 **if SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: [Signature]

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input type="checkbox"/>	Control Device or Fuel Skid - describe:
<input checked="" type="checkbox"/>	Gas Mover Equipment - describe: <u>GAS WELL GTO3</u>
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>GTO3 Damaged below grade, well Decommissioned.</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	<u>2.27.15/1006</u>				<input checked="" type="checkbox"/>	
<input type="checkbox"/> Startup						
<input type="checkbox"/> Malfunction						

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 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
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4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: [Signature]

WM01805

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

SITE NAME: Cottonwood Hills RDF

Section 1 - GCCS Components and Comments

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Cleaned clogged drain line.</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	3.3.15/1122		1.7		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		3.3.15/1306	0.1		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

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 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <u>If conditions are unsafe, notify your supervisor and follow steps under No. 3</u>		
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5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		
6.	Start malfunction diagnosis.		
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8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		
9.	Fix the malfunction.		
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11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: [Signature]

WM01806

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

Section 1 - GCCS Components and Comments

SITE NAME: Cottonwood Hills RDF

<input type="checkbox"/>	Control Device or Fuel Skid - describe:
<input checked="" type="checkbox"/>	Gas Mover Equipment - describe: GAS WELL MW03
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: Well Decommissioned, not producing CH₄.	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	4.13.15/1045				<input checked="" type="checkbox"/>	
<input type="checkbox"/> Startup						
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
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5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a.		
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10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: 

WM01807

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

SITE NAME: Cottonwood Hills RDF

Section 1 - GCCS Components and Comments

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Concrete Pad poured. Hencler moved.</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	<u>6.2.15 / 0854</u>		<u>9.9</u>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		<u>6.2.15 / 1846</u>	<u>0.1</u>		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

* Standard Operating Procedure (SOP) for Flare/Fuel Skid Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
 **if SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5 a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8 a.		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: [Signature]

WM01808

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

SITE NAME: Cottonwood Hills RDF

Section 1 - GCCS Components and Comments

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>Installation of new Blower & VFD.</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	6.9.15 / 1736		5.1		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		6.9.15 / 2242	0.1		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction						

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 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ <i>Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)</i>		
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5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5 a.		
6.	Start malfunction diagnosis.		
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8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8 a.		
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11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: [Signature]

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

SITE NAME:

Cottonwood Hills RDF

Section 1 - GCCS Components and Comments

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe	Utility Flare
<input type="checkbox"/>	Gas Mover Equipment - describe:	
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:	
Comments: Install of VFD & Blower		

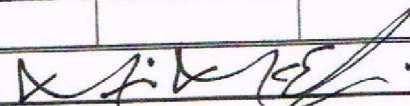
Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	6.10.15 / 0958		12.9		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		6.10.15 / 2250	0.1		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

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 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
		Procedure completed	Procedure Not Applicable
1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. If conditions are unsafe, notify your supervisor and follow steps under No. 3		
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13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: 

WM01810

STARTUP/SHUTDOWN/MALFUNCTION REPORT FORM

SITE NAME: Cottonwood Hills RDF

Section 1 - GCCS Components and Comments

<input checked="" type="checkbox"/>	Control Device or Fuel Skid - describe: <u>Utility Flare</u>
<input type="checkbox"/>	Gas Mover Equipment - describe:
<input type="checkbox"/>	Monitoring/Recording Equipment - describe:
Comments: <u>PLC programming for new VFD drive.</u>	

Section 2 - All Events

Type of Event	Date/Time Start	Date/Time End	Duration (hours)	Event Description (use pull-down menu)	SOP* Followed?	
					Yes	No**
<input checked="" type="checkbox"/> Shutdown	<u>6.11.15/1330</u>		<u>2.7</u>		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Startup		<u>6.11.15/1614</u>	<u>0.1</u>		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Malfunction					Complete Section 3 Below	

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Section 3 - Malfunction Events Only

Step	Corrective Action Procedures for All Malfunctions	Check one of the following for each step:	
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1.	Determine if the malfunction is causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3</i>		
2.	Determine if landfill gas being released to the atmosphere (can you smell landfill gas, or measure or detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3</i>		
3.	If unsafe operating condition exists, or landfill gas is being released to the atmosphere, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e. duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ Note: If flare is shut down, follow shutdown SOP and record shutdown time in Section 1 (above)		
4.	Determine if other personnel or resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6</i>		
5.	Contact qualified personnel or resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #5.a.		
6.	Start malfunction diagnosis.		
7.	Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9</i>		
8.	Contact other qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in #8.a		
9.	Fix the malfunction.		
10.	Once the malfunction is fixed, re-start the system per SOP if it had been shut down, and record start-up times and dates on this form.		
11.	Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form.		
12.	Sign this form, copy it, and place it in the Start-up, Shutdown, Malfunction Report Form file.		
13.	If the procedures listed above were not followed, contact the site engineer immediately.		

Signature: [Signature]